



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 11-02085-10

**Combined Assessment Program
Review of the
Veterans Health Care System
of the Ozarks
Fayetteville, Arkansas**

October 26, 2011

Washington, DC 20420

Why We Did This Review

Combined Assessment Program (CAP) reviews are part of the Office of Inspector General's (OIG's) efforts to ensure that high quality health care is provided to our Nation's veterans. CAP reviews combine the knowledge and skills of the OIG's Offices of Healthcare Inspections and Investigations to provide collaborative assessments of VA medical facilities on a cyclical basis. The purposes of CAP reviews are to:

- Evaluate how well VA facilities are accomplishing their missions of providing veterans convenient access to high quality medical services.
- Provide crime awareness briefings to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

In addition to this typical coverage, CAP reviews may examine issues or allegations referred by VA employees, patients, Members of Congress, or others.

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Glossary

C&P	credentialing and privileging
CAP	Combined Assessment Program
EN	enteral nutrition
EOC	environment of care
facility	Veterans Health Care System of the Ozarks
FY	fiscal year
IC	infection control
OIG	Office of Inspector General
QM	quality management
RN	registered nurse
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

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Executive Summary: Combined Assessment Program Review of the Veterans Health Care System of the Ozarks, Fayetteville, AR

Review Purpose: The purpose was to evaluate selected activities, focusing on patient care administration and quality management, and to provide crime awareness training. We conducted the review the week of August 8, 2011.

Review Results: The review covered eight activities. We made no recommendations in the following activities:

- Coordination of Care
- Management of Workplace Violence
- Medication Management
- Physician Credentialing and Privileging
- Quality Management
- Registered Nurse Competencies

The facility's reported accomplishment was improved accuracy of patient identification.

Recommendations: We made recommendations in the following two activities:

Enteral Nutrition Safety: Revise facility enteral nutrition and infection control policies, and monitor compliance with the updated policies. Ensure enteral nutrition documentation includes all required elements.

Environment of Care: Ensure designated staff complete annual

N95 respirator fit testing, and monitor compliance.

Comments

The Veterans Integrated Service Network and Acting Facility Directors agreed with the Combined Assessment Program review findings and recommendations and provided acceptable improvement plans. We will follow up on the planned actions until they are completed.



JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives

CAP reviews are one element of the OIG's efforts to ensure that our Nation's veterans receive high quality VA health care services. The objectives of the CAP review are to:

- Conduct recurring evaluations of selected health care facility operations, focusing on patient care administration and QM.
- Provide crime awareness briefings to increase employee understanding of the potential for program fraud and the requirement to refer suspected criminal activity to the OIG.

Scope

We reviewed selected clinical and administrative activities to evaluate the effectiveness of patient care administration and QM. Patient care administration is the process of planning and delivering patient care. QM is the process of monitoring the quality of care to identify and correct harmful and potentially harmful practices and conditions.

In performing the review, we inspected selected areas, interviewed managers and employees, and reviewed clinical and administrative records. The review covered the following eight activities:

- Coordination of Care
- EN Safety
- EOC
- Management of Workplace Violence
- Medication Management
- Physician C&P
- QM
- RN Competencies

The review covered facility operations for FY 2010 and FY 2011 through August 12, 2011, and was done in accordance with OIG standard operating procedures for CAP reviews. We also followed up on a recommendation from our prior CAP review of the facility (*Combined Assessment Program Review of the Veterans Health Care System of the*

Ozarks, Fayetteville, Arkansas, Report No. 08-02643-42, December 11, 2008). The facility had corrected the finding. (See Appendix B for further details.)

During this review, we also presented crime awareness briefings for 93 employees. These briefings covered procedures for reporting suspected criminal activity to the OIG and included case-specific examples illustrating procurement fraud, conflicts of interest, and bribery.

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

Reported Accomplishment

Improved Accuracy of Patient Identification

Facility staff consider correct patient identification to be vital for providing safe patient care. Staff implemented the use of identification bracelets for inpatients and outpatients that include a picture of the patient. The picture improves patient identification by decreasing errors when two patients have the same or similar names or when a patient is unable to verbalize his or her name.

Results

Review Activities With Recommendations

EN Safety

The purpose of this review was to evaluate whether the facility established safe and effective EN procedures and practices in accordance with applicable requirements.

We reviewed policies and documents related to EN and patients' medical records. We also inspected areas where EN products were stored while conducting the EOC review, and we interviewed key employees. We identified the following areas that needed improvement.

Policy. VHA requires x-ray confirmation of nasogastric tube placement prior to using the tube for EN feedings.¹ Three of the four local policies related to EN did not require x-ray verification of tube placement prior to using the tube for EN feedings.

¹ VHA Handbook 1109.05, *Specialized Nutritional Support*, May 10, 2007.

VHA also requires that facility IC policy address EN.² We reviewed facility IC policy and determined that it did not address IC expectations for EN, such as swabbing the tops of EN cans with alcohol wipes before pouring contents into feeding bags.

EN Documentation. VHA requires that staff document specific EN information in patients' medical records.³ We reviewed the medical records of five EN patients and found that four records did not contain all required information, such as checking gastric residual or properly positioning the patient.

Recommendations

1. We recommended that facility policies related to EN be updated to be consistent with VHA policy, that facility IC policy be revised to include EN IC expectations, and that compliance with the updated policies be monitored.
2. We recommended that processes be strengthened to ensure that EN documentation includes all required elements.

EOC

The purpose of this review was to determine whether the facility maintained a safe and clean health care environment in accordance with applicable requirements.

We inspected inpatient units (medical/surgical, intensive care, step-down, and mental health), the emergency department, the same day surgery/post-anesthesia care unit, and outpatient clinics. The facility maintained a generally clean and safe environment. However, we identified the following condition that needed improvement.

IC. If facilities use N95 respirators, the Occupational Safety and Health Administration requires that designated employees are fit tested annually. We reviewed 20 employee training records and determined that 4 designated employees did not have the required annual fit testing.

Recommendation

3. We recommended that annual N95 respirator fit testing be completed and that compliance be monitored.

² VHA Handbook 1109.05.

³ VHA Handbook 1109.05.

Review Activities Without Recommendations

Coordination of Care

The purpose of this review was to evaluate whether the facility managed advance care planning and advance directives in accordance with applicable requirements.

We reviewed patients' medical records and the facility's advance care planning policy and determined that the facility generally met VHA requirements. We made no recommendations.

Management of Workplace Violence

The purpose of this review was to determine whether VHA facilities issued and complied with comprehensive policy regarding violent incidents and provided required training.

We reviewed the facility's policy and training plan. Additionally, we selected three assaults that occurred at the facility within the past 2 years, discussed them with managers, and reviewed applicable documents. The facility had a comprehensive workplace violence policy and managed the assaults in accordance with policy. The training plan addressed the required prevention and management of disruptive behavior training. We made no recommendations.

Medication Management

The purpose of this review was to determine whether the facility employed safe practices in the preparation, transport, and administration of hazardous medications, specifically chemotherapy, in accordance with applicable requirements.

We observed the compounding and transportation of chemotherapy medications and the administration of those medications in the oncology clinic, and we interviewed employees. We determined that the facility safely prepared, transported, and administered the medications. We made no recommendations.

Physician C&P

The purpose of this review was to determine whether the facility had consistent processes for physician C&P that complied with applicable requirements.

We reviewed C&P files and profiles and meeting minutes during which discussions about the physicians took place. We determined that the facility had implemented a consistent C&P process that met current requirements. We made no recommendations.

QM

The purpose of this review was to evaluate whether the facility had a comprehensive QM program in accordance with applicable requirements and whether senior managers actively supported the program's activities.

We interviewed senior managers and QM personnel, and we evaluated policies, meeting minutes, and other relevant documents. The QM program was generally compliant with requirements, and senior managers supported the program. We made no recommendations.

RN Competencies

The purpose of this review was to determine whether the facility had an adequate RN competency assessment and validation process.

We reviewed facility policy, interviewed nurse managers, and reviewed initial and ongoing competency assessment and validation documents for RNs. We determined that the facility had established an effective process to ensure that RN competencies were assessed and validated and that actions were taken when deficiencies were identified. We made no recommendations.

Comments

The VISN and Acting Facility Directors agreed with the CAP review findings and recommendations and provided acceptable improvement plans. (See Appendixes D and E, pages 10–13 for full text of the Directors' comments.) We will follow up on the planned actions until they are completed.

Facility Profile⁴		
Type of Organization	Medical center	
Complexity Level	2	
VISN	16	
Community Based Outpatient Clinics	Branson, MO Fort Smith, MO Harrison, AR Jay, OK Mount Vernon, MO Ozark, AR	
Veteran Population in Catchment Area	128,658	
Type and Number of Total Operating Beds:	71	
• Hospital, including Psychosocial Residential Rehabilitation Treatment Program		
• Community Living Center/Nursing Home Care Unit	N/A	
• Other	0	
Medical School Affiliation(s)	University of Arkansas for Medical Sciences Area Health Education Center-Northwest University of Arkansas for Medical Sciences, Little Rock	
• Number of Residents	1.5	
	<u>FY 2011 (through March 2011)</u>	<u>Prior FY (2010)</u>
Resources (in millions):		
• Total Medical Care Budget	\$245	\$236
• Medical Care Expenditures	\$98	\$236
Total Medical Care Full-Time Employee Equivalents	1,203.1	1,180.5
Workload:		
• Number of Station Level Unique Patients	47,985	53,168
• Inpatient Days of Care:		
○ Acute Care	7,646	15,749
○ Community Living Center/Nursing Home Care Unit	0	0
Hospital Discharges	1,620	3,522
Total Average Daily Census (including all bed types)	57	43
Cumulative Occupancy Rate (in percent)	59.7	62.3
Outpatient Visits	257,341	509,819

⁴ All data provided by facility management.

Follow-Up on Previous Recommendation			
Recommendation	Current Status of Corrective Actions Taken	In Compliance Y/N	Repeat Recommendation? Y/N
EOC			
1. Require that the Information Security Officer or his/her designee participates in environmental rounds and that documentation of participation is complete.	The Information Security Officer is now a permanent member of the team conducting environmental rounds, and facility policy has been amended to reflect the change. Compliance is as follows: FY 2010 (March–September) = 71% FY 2011 (October–June) = 91%	Y	N

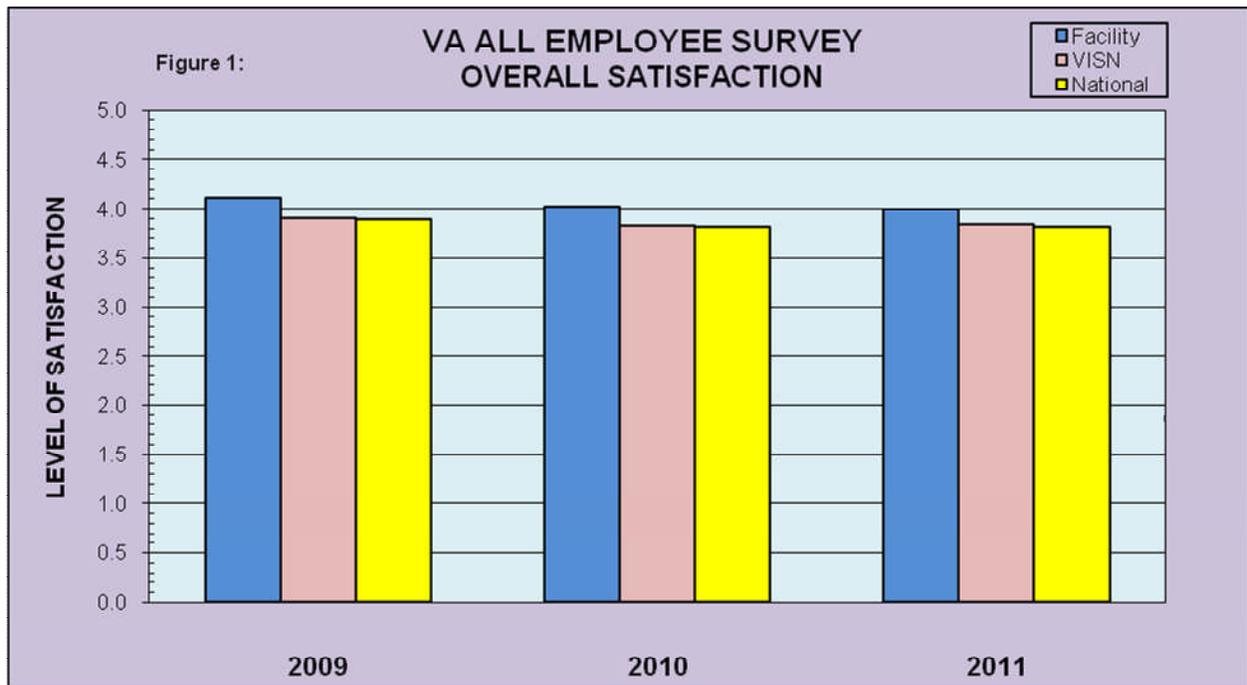
VHA Satisfaction Surveys

VHA has identified patient and employee satisfaction scores as significant indicators of facility performance. Patients are surveyed monthly. Table 1 below shows facility, VISN, and VHA overall inpatient and outpatient satisfaction scores and targets for quarters 3 and 4 of FY 2010 and quarters 1 and 2 of FY 2011.

Table 1

	FY 2010			FY 2011		
	Inpatient Score Quarters 3-4	Outpatient Score Quarter 3	Outpatient Score Quarter 4	Inpatient Score Quarters 1-2	Outpatient Score Quarter 1	Outpatient Score Quarter 2
Facility	65.5	64.5	60.9	69.7	61.8	63.2
VISN	62.4	54.6	50.8	65.3	52.4	53.2
VHA	64.1	54.8	54.4	63.9	55.9	55.3

Employees are surveyed annually. Figure 1 below shows the facility’s overall employee scores for 2009, 2010, and 2011. Since no target scores have been designated for employee satisfaction, VISN and national scores are included for comparison.



Hospital Outcome of Care Measures

Hospital Outcome of Care Measures show what happened after patients with certain conditions⁵ received hospital care. The mortality (or death) rates focus on whether patients died within 30 days of their hospitalization. The rates of readmission focus on whether patients were hospitalized again within 30 days. Mortality rates and rates of readmission show whether a hospital is doing its best to prevent complications, teach patients at discharge, and ensure patients make a smooth transition to their home or another setting. The hospital mortality rates and rates of readmission are based on people who are 65 and older. These comparisons are “adjusted” to take into account their age and how sick patients were before they were admitted to the VA facility. Table 2 below shows the facility’s Hospital Outcome of Care Measures for FYs 2007–2010.

Table 2

	Mortality			Readmission		
	Heart Attack	Congestive Heart Failure	Pneumonia	Heart Attack	Congestive Heart Failure	Pneumonia
Facility	12.67	8.83	15.16	*	20.68	14.59
VHA	12.54	9.24	12.02	12.99	19.66	15.15

* Not enough cases

⁵ Congestive heart failure is a weakening of the heart’s pumping power. With heart failure, your body does not get enough oxygen and nutrients to meet its needs. A heart attack (also called acute myocardial infarction) happens when blood flow to a section of the heart muscle becomes blocked, and the blood supply is slowed or stopped. If the blood flow is not restored in a timely manner, the heart muscle becomes damaged from lack of oxygen. Pneumonia is a serious lung infection that fills your lungs with mucus and causes difficulty breathing, fever, cough, and fatigue.

VISN Director Comments

Department of
Veterans Affairs

Memorandum

Date: October 11, 2011

From: Director, South Central VA Health Care Network (10N16)

Subject: **CAP Review of the Veterans Health Care System of the Ozarks, Fayetteville, AR**

To: Director, Kansas City Office of Healthcare Inspections (54KC)

Director, Management Review Service (VHA 10A4A4 Management Review)

1. Attached is the Veterans Health Care Systems of the Ozarks response to the August CAP Draft Report. I have reviewed the report and concur with the responses.
2. If you have any questions regarding the report, contact Mary Jones, HSS at 601-206-6974.



George H. Gray, Jr.
Network Director VISN 16

Acting Facility Director Comments

**Department of
Veterans Affairs**

Memorandum

Date: October 7, 2011

From: Acting Director, Veterans Health Care System of the Ozarks
(564/00)

Subject: **CAP Review of the Veterans Health Care System of the
Ozarks, Fayetteville, AR**

To: Director, South Central VA Health Care Network (10N16)

Attached is the Veterans Health Care Systems of the Ozarks response to the August CAP Draft Report.

(original signed by:)
John Henley, MD
Acting Medical Center Director

Comments to Office of Inspector General's Report

The following Acting Director's comments are submitted in response to the recommendations in the Office of Inspector General report:

OIG Recommendations

Recommendation 1. We recommended that facility policies related to EN be updated to be consistent with VHA policy, that facility IC policy be revised to include EN IC expectations, and that compliance with the updated policies be monitored.

Concur

Target date for completion: December 30, 2011

An interdisciplinary team is updating current policies to reflect the OIG recommendations and VHA policy. Infection Control practice is being incorporated in the updated policy.

The Chief, Nutrition and Food Services and Nurse Educator will report compliance data monthly to Clinical Executive Board.

Recommendation 2. We recommended that processes be strengthened to ensure that EN documentation includes all required elements.

Concur

Target date for completion: December 30, 2011

An interdisciplinary team is reviewing and updating documentation templates associated with EN to include all required elements. Staff training is to be completed by January 15, 2012.

The Chief, Nutrition and Food Services and Nurse Educator will report compliance data monthly to Clinical Executive Board.

Recommendation 3. We recommended that annual N95 respirator fit testing be completed and that compliance be monitored.

Concur

Target date for completion: November 30, 2011

To further improve the 60% annual fit test compliance rate found during the assessment, the facility will implement the following: Safety, Emergency & Operations Management Service (SEOM) will establish an internal process for removing staff from the N95 Respirator database during the clearance process through SEOM. SEOM will report to facility leadership through the EOC committee monthly on any Service with

staff who are delinquent in annual re-testing. Each Service having employees requiring N95 respirator use will maintain the status of their employee's compliance with the N95 respiratory protection program.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720
Contributors	Dorothy Duncan, RN, MHA, Project Leader Laura Tovar, LCSW, Team Leader Jennifer Kubiak, RN, CPHQ James Seitz, RN, MBA Jennifer Whitehead, Program Support Assistant Wessley Dumas, Office of Investigations

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